

SOURCE ENROLLMENT CRITERIA

Program	SOURCE
Service Title	Enhanced Primary Care Case Management (EPCCM)
Service Definition	EPCCM services are provided to improve the health outcomes of persons with chronic health conditions, by linking primary medical care with home and community based services. For all members, EPCCM sites employ an outcomes-based methodology to reduce the need for long-term institutional placement, prevent increased disability, eliminate fragmented service delivery and promote increased value of Medicaid long term care funds.
Provider Requirements	<ul style="list-style-type: none"> • Develop and maintain a network of participating primary care physicians sufficient to ensure prompt access to qualified care for all members enrolled. • Develop and maintain a network of participating HCBS providers sufficient to ensure prompt access to qualified care for members enrolled. • Demonstrate evidence of familiarity with credentialing process for physicians and community service providers. • Demonstrate a history of experience in network development, to include interactions on behalf of members with other healthcare and community agency providers. • Demonstrate their ability to monitor and evaluate the performance of providers, to include HCBS, primary care and medical directors. • Create relationships with area acute care providers to facilitate seamless case management across settings. • Measure and monitor service delivery and ensure that HCBS providers assist in meeting carepath and project goals for each member. • Contract with a Medical Director from appropriate specialty to provide ongoing clinical leadership. • Assemble a case management team appropriate for the number of members enrolled, population served and geographic area covered. Disciplines represented should include clinical as well as social service skill sets. • Develop written site-specific policies and procedures for implementation of EPCCM service as described by the Department of Community Health. • Provide a detailed organizational chart describing the relationship of SOURCE to other organization operations and departments. Dedicated SOURCE staff should be indicated. • Generate monthly reports related to enrollment, utilization of acute/emergency facilities and discharges to institutional long term care. • Have at least two years of demonstrated experience in care

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	<p>management of home and community based services for chronically ill persons in an organized healthcare services system OR have at least two years of demonstrated experience as a provider of medical and support services to chronically ill and disabled persons in rural and urban settings.</p> <ul style="list-style-type: none"> • Have at least two years of experience as a provider of care management with the Georgia Medicaid program, including acute care, long term care, home health, pharmacy and dialysis. • Demonstrate knowledge of disease management and ability to perform DM for chronically Medicaid recipients (condition-specific educational materials, written protocols for implementation in potentially low-literacy populations, etc.). • Complete initial EPCCM training and education requirements for case management staff and medical directors as described by DCH on using an outcomes based methodology, and in other areas required by DCH on an ongoing basis. • Demonstrate experience in quality improvement systems and consumer satisfaction surveys; develop and implement applicable program-wide QI and consumer satisfaction processes. • Demonstrate evidence of knowledge and implementation of utilization management controls of community resources with demonstrated consideration for cost and outcomes of care. • Maintain a 24-hour phone number for members to contact clinical staff and case managers. • Demonstrate maintenance of a satisfactory record of compliance with federal and state laws and regulations.
State License	The applicant must possess appropriate and current State licenses for all services listed in the application to demonstrate qualification as an EPCCM provider.
Certification	See above.
Other Requirements or Standards	Must have successfully completed a Readiness Review by the Department of Community Health, demonstrating ability to perform all required functions and services, prior to enrollment. The applicant, its owners and managers must not be currently or previously prohibited from participation in any other federal or state healthcare program.
Describe Service Delivery Method	Enhanced case management teams comprised of case managers and primary care physicians
Service Requirements	In general, the EPCCM site will:

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	<ul style="list-style-type: none"> • Screen potential members for eligibility. • Provide I & R for recipients not meeting criteria for enrollment. • Assess the needs, capabilities and resources of members, at admission and on an ongoing basis. • Thoroughly inventory informal support available. • Offer new members a choice of participating PCPs; schedule initial exam – time frame as indicated by health status. New members in need of urgent care will receive priority appointments. • Complete a community-based carepath with targeted outcomes stated, and individualized plans developed to accomplish each outcome. • Determine the need for paid care using the carepath tool. • Follow EPCCM concurrent review protocols – scheduled and PRN – as described by DCH for: <ul style="list-style-type: none"> a) New admissions b) Member/caregiver contacts c) PCP conferencing/communication d) HCBS provider conferencing/communication e) Acute care coordination f) 24-hour availability of case managers and PCPs g) Member advocacy h) Disease management
Service Rate	<p>Per enrolled member will be \$150 per month billed on the CMS-1500.</p> <p>This rate will be reviewed annually for adjustments as needed.</p>